

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001161

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 162Registrar's No. 162

FILED FEB 4 1963

## 1. PLACE OF DEATH

a. COUNTY

Greene

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Springfield

Length of stay in 1b

9 mos.

c. CITY  
OR TOWN Ash Grove

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Sunshine Acres Rest Home

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
THOMAS JEFFERSON MARTIN

## 4. DATE OF DEATH

Month Day Year  
January 27, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

2-9-1869

## 9. AGE (last birthday)

93

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Stanford, Kentucky

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

John Martin

## 13b. MOTHER'S MAIDEN NAME

Sue Kinley

## 14. NAME OF HUSBAND OR WIFE

Alberta Martin

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Leo Martin, Ash Grove, Mo.18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary Arteriosclerotic Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown:19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1961 to Jan. 27, 1963 and last saw him alive on Jan. 23, 1963  
Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Lynnan D. Brown M.D.

## 22b. ADDRESS

311 1/2 College

## 22c. DATE SIGNED

1/29/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Jan. 29, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Ash Grove Cemetery

## 23d. LOCATION (city, town, or county)

Ash Grove, Mo.

## 24. FUNERAL DIRECTOR

Brim-Daniel, Inc.

## 25. DATE RECD. BY LOCAL REG.

2-1-63

## 26. REGISTRAR'S SIGNATURE

Effie E. Meek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1390

2390

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9334X

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1286-0

13

Permit 1-28-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3813

P. O. Address August Home, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.